

Letter

On the commercial exploitation of participants of research

SIR

In a recent editorial in this journal,¹ Tony Hope argues that no-fault compensation for injury to participants of research is the job of parliament, and that participation in research should proceed on a primarily altruistic basis.

Dr Hope fails to distinguish between commercial and non-commercial research. Many participants of clinical trials are being commercially exploited by pharmaceutical companies and (sometimes inadvertently) by many doctors acting in the interests of pharmaceutical companies. The involvement of pharmaceutical companies in the development of new drugs has little to do with altruism. It is business. Indeed, pharmaceutical companies have consistently failed to engage in research into human diseases, such as malaria, for which effective medical interventions are

urgently needed, at least from a humanitarian perspective, but which have low profit margins. Instead they continue to dedicate themselves to producing tiny increments in length or quality of life in the more lucrative Western diseases of ischaemic heart disease and cancer.

In helping to promote the development of a profitable product, participants in commercial research should be offered appropriate payment (forget the arguments about inducement: it is no greater inducement than an inducement to take a risky job) and financial compensation if they are injured in participating in a project expected to bring profit to a company. Participating in commercial clinical research is a short term job and should be recognised as such.

It is true that participants in research may derive some health benefits from experimental drugs. But so, too, do most jobs offer fringe benefits apart from salary. However, in a capitalist society, costs are largely passed onto the end-consumers of products, not those who contribute to the

development of those products. Pharmaceutical and other medical interventions should be treated no differently. The only workers not typically offered fair compensation and salary are slaves, and many participants of medical research remain the unwilling slaves of pharmaceutical multinationals. The fact that they have consented to what is in effect pharmaceutical indenture does not vitiate the wrongness of their not being offered appropriate payment and compensation for their labour. Dr Hope's editorial sadly does little to acknowledge the existence of this caste of unwitting slaves and still less to liberate them.

References

- 1 Hope T. Compensating subjects of medical research. *Journal of Medical Ethics* 1997; 23: 131-2.

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